



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE BOARD OF HEALTH**

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

Christine M. Connolly, MPH, CHO
Director of Health and Human Services

Tel: 781 316-3170
Fax: 781 316-3175

APPLICATION FOR A PERMIT TO HAUL

The undersigned hereby applies for a license to haul solid waste in the Town of Arlington for the purpose of storage, removal, or transporting of garbage, rubbish, or other offensive substances in accordance with Chapter 111, section 31A and 31B of the General Laws of the Commonwealth of Massachusetts as amended and subject to the rules and regulations of the Board of Health.

Name Under Which Business is Operated:_____

Business Address_____

Street	city/town	zip
--------	-----------	-----

Telephone Number_____

FAX#:_____

Name of Contact Person_____ Telephone_____

Please attach a list of all facilities in the Town of Arlington from which you collect and enclose the annual fee of \$110 payable to the Town of Arlington.

Date_____

Signed_____